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Chief Executive Officer

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Office of Statewide Health Planning and Development
Health Policy and Planning Division
1600 9th Street, Room 350
Sacramento, California 95814**Board Of Directors**
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Patricia Ross
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Subject: California Hospital Outcomes Reports

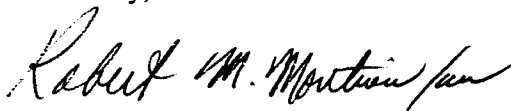
To Whom It May Concern:

After review of the data that was presented and review of all the records that pertained to patient deaths during the study period, it is our belief that the risk adjusted death rate is not representative of our true Myocardial Infarction patients. The coding methods utilized during those time periods and into 1995 do not reflect all the co-morbidities nor the pre-existing medical conditions that our MI patients had. In the death reviews alone, all records reviewed for coding information indicated multiple co-morbidities and other medical conditions that would have been contributing factors and were not routinely coded. Examples were those of patients who were admitted for CHF or COPD and the patient coded during the hospitalization. The MI was coded as the primary diagnosis thereby excluding the other diagnosis. Also there is evidence that bradycardias, other arrhythmias, and diabetes were not routinely added to the MI diagnosis as contributing or extenuating circumstances. Of substantial note, as well, is the no code blue status of many of these patients. Of the 29 charts reviewed, 11 were a no code blue status upon admission or within hours of the original code event. It is unfortunate that the data does not truly reflect the appropriate MI population cared for at TDHS. Our current coding practices which will be reflected at the start of the 1995 will more accurately reflect our MI patient population.

Also of note, with the focus on Advanced Directives, a mandated requirement, many more patients are considering their resuscitative status and making that known when entering the healthcare facility. It does seem ironic that facilities are required to inquire of the resuscitative status of all patients and respect the wishes of patients yet still have data included in studies that do not reflect the impact of the resuscitative status for the MI patient.

Thank you for the opportunity to respond to the Outcomes Report.

Sincerely,

Robert M. Montion
CEO

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